

Application for Program Enrollment

Email completed form to KCharles@qcmfginc.com

APPLICANT:

This form is designed to: (1) assess candidates' interests and needs; (2) determine personalized qualifications; (3) find available programs and services; and (4) confirm proper placement.

Which program are you seeking to enroll in? Manufacturing Academy ☐ Apprenticeship ☐

Name & Contact Information:

Full Name:	Address:
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Social Security # (last four digits only):	Phone #:	Email:
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Additional Questions:

Do you have the legal right to work in the United States? Yes ☐ | No ☐

Do you have a state-issued ID and/or driver's license?.....Yes ☐ | No ☐

What is your current employment status?Employed full-time ☐ | Employed part-time ☐ | Unemployed ☐

Have you graduated from high school/or have you earned a GED? Yes ☐ | No ☐

Do you have internet access, computer skills, and basic mechanical aptitude?Yes ☐ | No ☐

Can you do the following actions physically to ensure safety compliance?

- Able to walk and balance using your legs?.....Yes ☐ | No ☐
- Able to reach and hold items with your arms and hands?.....Yes ☐ | No ☐
- Able to stand for extended periods of time?Yes ☐ | No ☐
- Able to carry up to 30 lbs.?Yes ☐ | No ☐
- Have eyesight, close vision, depth perception, and be able to adjust focus?Yes ☐ | No ☐

Are you a resident of San Diego County?.....Yes ☐ | No ☐

Are you committed to attending the in-person training for the entire duration?.....Yes ☐ | No ☐

Highest Level of Education:

High School ☐ GED ☐ College/University ☐ Other ☐

Name & City of School / Institution:

Program Interest: *Please answer each question with a few sentences. One-word answers will not be accepted.*

How did you learn about our program? What do you hope to gain from participating?

Do you have any relevant background and/or experience in Advanced Manufacturing and/or other industries?

Equal Opportunity Employment: *Please check or circle your answers*

Demographic Data (Optional): This section collects demographic information to understand our program participants better. We encourage you to give honest and accurate answers. Please remember that your responses are voluntary, and you can skip any questions you're uncomfortable with. Your responses will not affect your eligibility for the program. All answers will be kept confidential, anonymized, and used only for equity, compliance, and program reporting purposes.

1. Gender: _____

2. Ethnicity – *Please mark all that apply*

☐ Native American Indian / Alaskan Native / First Nation ☐ Asian ☐ Black / African American ☐ White ☐ Hispanic / Latinx
☐ Middle Eastern / North African ☐ Hawaiian / Pacific Islander ☐ Multi-racial ☐ N/A I identify as _____ ☐ Prefer not to answer

3. Which San Diego Zip Code do you reside in? _____

4. Are you a veteran of the U.S. Military? Yes ☐ No ☐ (If yes, which branch) _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

I authorize the investigation of all statements made here and agree to the use of any information, personal or otherwise. I release Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego from all liability for damages resulting from the use of such information. Additionally, I consent that any or all information on this application may be shared with partners affiliated with Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego and used to determine eligibility for potential grant funding for my training in their program.

I agree to adhere to the rules, policies, and standards of Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego for the entire duration of my participation in the program.

I understand that this is only an application for program enrollment, not a guarantee of acceptance for participation.

Signature: _____

Date: _____